FEC

STATEMENT OF

FORM 1	ORGANIZATION	
1 Orthur 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Barbara Lee fo	or Congress	
ADDRESS (number and s	1736 Franklin St. #550	
(Check if address X is changed)		
	Oakland	CA 94612 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	FECcompliance@leeforcongress.org	
COMMITTEE'S WED	DAGE ADDRESS (LIDL)	
_	PAGE ADDRESS (URL) http://barbaraleespeaksforme.org	
(Check if address is changed)		
2. DATE 0 3	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00331769	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, corre	ct and complete
	U. Las Haltarras	
Type or Print Name of	Treasurer H. Lee Halterman	
Signature of Treasurer	Electronically Filed by H. Lee Halterman	Date 03 / 27 / 2009
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT	•
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